

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Mentzer Media Services, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 600 Fairmount Ave		Amount 92950.00
City Towson	State MD	Zip Code 21286-1006
Purpose of Expenditure	Category/Type 011	Transaction ID : 6531399 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Mike Coffman	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: CO
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mentzer Media Services, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 600 Fairmount Ave		Amount 22892.00
City Towson	State MD	Zip Code 21286-1006
Purpose of Expenditure	Category/Type 011	Transaction ID : 6531400 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Daniel Benishek	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115842.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 23 / 2014

Signature